

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$769.00 for date of service, 01/30/02.
- b. The request was received on 06/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. HCFA(s)
 2. EOBs
 - b. Additional documentation requested on 07/11/02 and received on 07/18/02
 1. Prescription for "Electric Ice Cooler", dated 01/22/02
 2. Redacted example EOBs from other Carriers
 3. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/29/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/30/02. The response from the insurance carrier was received in the Division on 08/02/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement found in file.
2. Respondent: Letter dated 08/01/02

“THE SERVICES ARE FOR JANUARY 30, 2002. THESE SERVICES WERE DENIED AS ‘NO PREAUTHORIZATION’. WHILE THE FEE GUIDELINES DO IN FACT STATE THAT PREAUTHORIZATION FOR ITEMS UNDER \$500.00 IS NOT REQUIRED, THE CARRIER FEELS THE PROVIDER IS BREAKING OUT INTO LINE ITEMS ALL THE COMPONENTS OF ONE UNIT.

THE PUMP SERVES NO PURPOSE WITHOUT THE PAD, AND VICE VERSA. THESE PIECES OF EQUIPMENT ARE ESSENTIALLY USELESS WITHOUT THE OTHER COMPONENTS!! THEREFORE, THE CARRIER CONTENDS THAT THE PROVIDER HAS ENHANCED [sic] THE WORDING OF THE MFG TO IT’S OWN FAVOR BY BILLING PIECEMEAL FOR THIS EQUIPMENT.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/30/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$769.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “A – PRE-AUTHORIZATION NOT OBTAINED” and “D – REIMBURSEMENT FOR UNILATERAL OR BILATERAL PROCEDURES IS BEING WITHHELD AS THE MAXIMUM NUMBER OF OCCURENCES [sic] FOR A SINGLE DATE OF SERVICE OR MAXIMUM LIFETIME FOR THE CLAIM HAS BEEN EXCEEDED.”
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$769.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/30/02	E0236 NU	\$494.00	\$0.00	A	DOP	TWCC Rule	Pursuant to TWCC Rule 134.600, the non-emergency health care requiring preauthorization includes: all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental). The amount of purchase per line item does not exceed the \$500.00 limit. Therefore, reimbursement is recommended in the amount of \$769.00 .
01/30/02	E1399	\$75.00	\$0.00	D		134.600 (h)	
01/30/02	E1399	\$155.00	\$0.00	A		(11);	
01/30/02	E1399	\$45.00	\$0.00	D		CPT Descriptor	
Totals		\$769.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$769.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$769.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of November 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division
 DT/dt